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# J.A. HINES

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STATE REPRESENTATIVE • 42ND ASSEMBLY DISTRICT

## **Testimony Before the Assembly Committee on Public Health in Support of Assembly Bill 483 August 15, 2007**

Good morning everyone. Since the 1980's experts have recommended statutory reform to improve the public health system; however, no straightforward model existed. In April of 2000, the Public Health Statute Modernization Collaborative was created to try to address this need. The Collaborative was a multi-disciplinary group comprised of representatives from five states and nine national organizations and government agencies, assisted by experts in specialty areas of public health.

The Collaborative presented their model in 2003. Since then, due to the efforts of the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards, and the State Division of Public Health, the model was analyzed by individuals throughout Wisconsin's public health system to see which parts of the model needed to be included in Wisconsin's statutes to keep our state up to date.

Because of these efforts, I introduced AB 881 last session, which was the most comprehensive update to Wisconsin's public health statutes in decades. AB 881, which became 2005 Act 198, removed outdated language in the statutes and required greater communication between all levels of government to better recognize and better respond to a potential outbreak or emergency.

Assembly 483 is a trailer bill to 2005 AB 881 and reorganizes and updates the public health statutes dealing mainly with human health hazards and provides local governments the needed tools protect their citizens from public health threats.

Assembly Bill 483 does the following:

- Clarifies that a county, city, village, or town with a local health department may enact an ordinance concerning abatement or removal of a human health hazard and also enforce that ordinance
- Provides a more relevant and current definition of a human health hazard to include any substance or situation that could spread infectious disease
- Clarifies and improves language pertaining local health officers and their abilities to remove or abate a human health hazard in a timely fashion-while maintaining the privacy rights of citizens

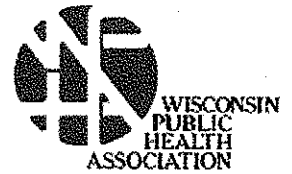


- Encourages physicians to volunteer their services to local health departments by providing liability protection to volunteer physicians.
- Provide local governments greater flexibility in developing community health improvement plans and requiring the public be involved in the process.

Wisconsin has always been a national leader when it comes to public health and this bill will only strengthen that fact and I am proud to be a part of this effort.



*Wisconsin Public Health Association*  
*Wisconsin Association of Local Health*  
*Departments and Boards*



**TO:** Assembly Public Health Committee members  
**FROM:** Wisconsin Association of Local Health Departments and Boards;  
Wisconsin Public Health Association  
**DATE:** August 15, 2007  
**RE:** Public Health Modernization Act II – AB 483

Last session, the Public Health Modernization Act (2005 AB 881) was passed into law to update Wisconsin's public health statutes and provide public health officials with greater flexibility to recognize, prevent and control public health threats.

Representative J.A. "Doc" Hines has now introduced the Public Health Modernization Act II (AB 483), a follow-up bill to AB 881 to further strengthen Wisconsin's public health laws. This important legislation, which is supported by Wisconsin Public Health Association and the Wisconsin Association of Local Health Department and Boards, represents years of intense work by public health officials across the state to improve Wisconsin's public health system.

Assembly Bill 483 provides local health departments with the tools to effectively protect citizens from human health hazards. The legislation would simplify the process for investigating and removing human health hazards and clarify the authority local health departments possess in abating those hazards. In addition, AB 483 would do the following:

- **Expand the definition of human health hazard to include any substance or situation that could spread infectious disease.**
- **Encourage physicians to volunteer their services to local health departments by providing medical liability protection to volunteer physicians.**
- **Provide local governments with greater flexibility in developing community health improvement plans. The bill also requires public input in the development of the plans.**

As the unified voice for public health, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Public Health Association would ask you to support AB 483.

The Wisconsin Association of Local Health Departments and Boards is a statewide organization comprised of local boards of health members and health department administrators. The organization provides a unified forum for public health leadership, development, advocacy, education and forging of community partnerships to improve public health at the local level. WALHDAB represents over 800 local boards of health members and public health officers.

The Wisconsin Public Health Association is a statewide organization dedicated to protecting and promoting personal and public health through educational and scientific programs. As one of the state's largest associations of public health professionals, WPHA represents more than 350 members from public and private sector organizations. Members include individuals from local, regional and state public health agencies as well as hospitals, clinics, community-based organizations and academia.

# **Public Health Modernization Act II – AB 483**

## **Human health hazard abatement**

- ***Current law:***
  - In cities under a general charter, a local health officer may enter private property at anytime to evaluate health conditions. If a human health hazard is found, they must serve at least 24-hour notice to the owner to remove the hazard.
  - If a local health officer – in a city not under a general charter – finds a human health hazard on private property, they must notify the owner and order abatement within 30 days. If the property owner fails to do so, the local health officer may enter the property and remove the hazard.
- ***Public Health Modernization Act II***
  - The legislation authorizes any local health officer who is refused entry by an owner or occupant of property for which it's believed (with probable cause) a human health hazard exists, to obtain a special inspection warrant to enter the property. In addition, if a suspected hazard poses an immediate risk, the local health officer can enter the premises without a special warrant.

If a human health hazard is found, that does not impose an immediate threat, it must be removed within 30 days. If it does impose an immediate threat, the hazard must be removed immediately.
  - Increases the fine for maintaining a human health hazard that requires removal from \$300 to \$1,000.

## **Human health hazard definition**

- ***Current law:***
  - Human health hazard – a substance, activity, or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity, or condition is not abated.
- ***Public Health Modernization Act II***
  - Human health hazard – a substance, activity, or condition that is known to have the potential to cause acute or chronic illness, to endanger life, to generate or spread infectious diseases, or otherwise injuriously to affect the health of the public.

## **Personnel of a local health department**

- ***Current law:***
  - A local health officer must appoint all necessary personnel.
- ***Public Health Modernization Act II***
  - Expands the personnel a local health officer may appoint to include public health educators, nutritionalists and dental hygienists.

## **State agency status for physicians**

- ***Public Health Modernization Act II:***
  - Provides state agency status to physicians who volunteer their services free of charge to programs offered by local health departments. When acting as agents of the state, physicians are granted medical liability protection and guarantees from the state.

## **Community Health Improvement Plans**

- ***Current law:***
  - Local health departments must solicit input from policymakers and the public in determining a set of priority public health services that must be available to all members of the community.
- ***Public Health Modernization Act II:***
  - Local health departments must solicit input from policymakers and the public in developing a community health improvement plan that outlines actions to implement public health services and functions.

## **Requirements for local health officers**

- ***Current law:***
  - Qualification requirements for local health officers are established for various levels of local health departments. However, in counties with a county human services department, local health officers do not need to meet the qualification requirements if the county department employs at least one individual who meets the requirements.
- ***Public Health Modernization Act II:***
  - Eliminates the above-referenced exception to qualification requirements, but creates grandfather language for current local health officers.



State of Wisconsin

**Department of Health and Family Services**

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Jim Doyle, Governor

Kevin R. Hayden, Secretary

August 15, 2007

TO: Assembly Committee on Public Health  
FROM: Larry Gilbertson, DHFS bureau director  
RE: Assembly Bill 483

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Representative Hines and Public Health committee members, thank you for the opportunity to address your committee today in support of Assembly Bill 483.

My name is Larry Gilbertson. I am a director of the Bureau of Local Public Health Practice and EMS, in the Division of Public Health, in the Department of Health and Family Services. The Department supports this legislation because it will provide additional legal clarity to our public health statutes and assistance to the 93 local health departments with which the department works very closely.

DHFS worked last session with Rep. Hines and other partners, such as the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Environmental Health Association, to develop and pass the "Model Health Act" law. This Act grew out of a national collaborative effort to do a major update to public health law throughout the country to give public health entities the tools they need to strengthen the public health system in regards to public health preparedness and response.

We were pleased to work again this session with Rep. Hines and others to draft the legislation before you. DHFS believes that this language, not addressed in the last session due to time constraints, is necessary to address the remainder of the "Model Health Act."

The highlights of this legislation that are most helpful to our local health department partners include;

- Defines a human health hazard and clarifies the local health officer authority in the investigation and abatement of a human health hazard
- Expands local volunteer physician indemnification from only immunization practice and policies to broader local public health programs
- Requires local health departments to include policymakers and the public in the development of local community health improvement plans to address local public health priorities in their respective jurisdictions
- Makes consistent, the qualifications for all local health officers in our local public health workforce

Thank you again for this opportunity to share the Department's perspective on AB 483. I am happy to answer any questions you may have.